

Issue 8
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Items of Interest:

- **Naval Reserve Rear Adm. (lower half) Ben F. Gaumer** has been nominated for appointment to the grade of Rear Admiral. Gaumer is currently serving as assistant deputy chief, Reserve Affairs, M10, Bureau of Medicine and Surgery, Washington, D.C.
- **DoD health plan for eligible National Guard and Reserve Members available.** More info at <http://www.tricare.osd.mil/trs.cfm>.
- **The Naval Hospital Great Lakes Medical Library** received first place in the annual Medical Library Association's Creative Promotions Contest.
- **DoD Health System Receives Cutting Edge Award** The DoD received the Congressional Medal of Honor Foundation's Cutting Edge Award for embracing innovation and technology that has saved lives. Dr. Winkenwerder Jr., Assistant Secretary of Defense for Health Affairs, accepted the award at the foundation's annual Circle of Honor dinner, March 22 in New York City.

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Research Center Receives Meritorious Unit Commendation

By Capt. Richard L. Haberberger and Lt. j.g. George H. Sterns
Naval Medical Research Center Public Affairs

SILVER SPRING, Md. — One of Navy Medicine's premiere research centers received the Meritorious Unit Commendation for significant and unique contributions to America's Global War on Terrorism.

The Naval Medical Research Center (NMRC) was recognized for responding to several major events — the September 11, 2001 terrorist attacks on the Pentagon and the World Trade Center, New York; the contamination of the U.S. Postal system by letters-containing anthrax; and their role in outfitting the U.S. fleet with biological warfare detection capabilities for military operations in Afghanistan and Iraq.

The award recognized the important concept of Navy Medicine as a defensive weapon system.

"NMRC researchers are fighting tomorrow's wars. We have a research system that anticipates our nation's needs and this is the best prototype I know," said Vice. Adm. Donald Arthur, the Surgeon General of the Navy, who was the key note speaker at the award ceremony, March 4.

One example highlighted during the ceremony was the hand-held anthrax assays, developed over two decades by the Navy Medicine research team and used by the military and other federal agencies to minimize the impact of the attacks.

"We couldn't buy those capabili-

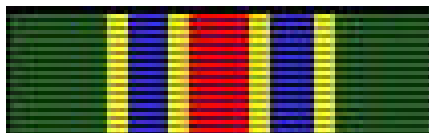
ties off the shelf," Arthur added. "We need competent military medical research. We need good medical research to decrease the effects of diseases like malaria or engineered microorganisms."

Navy Medicine's top priority is readiness. Within four months prior to the 2003 Gulf War, NMRC worked with the Chief of Naval Operations to equip the Navy's fleet with full threat agent detection laboratories.

"Our command is committed to readiness. NMRC trained fleet personnel to use the portable afloat laboratory equipment developed by NMRC's Biological Defense Research Directorate. This equipment included microbiology capabilities, immunochemical assays, laminar flow hoods and molecular diagnostics," said Capt. Louis E. Antosek, NMRC's commanding officer.

"I am proud of the work we do here, I am proud of the dedicated staff," added Antosek. "NMRC laboratories, at home and around the world, are engaging in unparalleled medical research efforts that are meeting the challenges of unforeseen forms of warfare and military hostilities that threaten our Armed Forces, our nation, human rights and human freedom."

Military and civilian personnel assigned to NMRC from September 12, 2001 to December 31, 2003 are authorized to wear the ribbon.



Corpsmen, Army Medics Work Side by Side in Baghdad Clinic

By Gunnery Sgt. Robert Knoll, 15th Marine Expeditionary Unit

BAGHDAD, Iraq — While the fight against insurgency rages outside the wall of this forward operating base, the 15th Marine Expeditionary Unit's (MEU) corpsmen have expanded their medical capabilities while helping out their Army neighbors.

Corpsmen and doctors set up the MEU's aid station at the 703rd Fleet Support Brigade Troop Medical Clinic to use its equipment and facilities to provide a better level of care," said Senior Chief hospital corpsman Jodie Bates, chief Medical Planner for the 15th MEU. "The clinic gives us the best care for our Marines."

As a level two treatment facility, the Army clinic allows them to offer more comprehensive evaluations, resulting in fewer patients needing to be evacuated to larger clinics, he said. A normal field BAS is often limited to stabilizing seriously injured patients for evacuation to larger hospitals or treatment facilities.

"Working in an established clinic also requires less manpower, which frees up more corpsmen to prepare for combat missions," Bates added.

The medical staff is also offering a hand with the clinic's trauma cases, according to Hospital Corpsman 1st Class Daniel O'Brien, assistant leading petty officer. He is one of the Battalion Landing Team (BLTs) 1/1's independent duty corpsmen and supervises and mentors many of the junior corpsmen.

Besides being a big help to the Army medics, the ability to have junior corpsmen work with traumatic injuries is critical to their development, Bates said. Exposure to those injuries reduces the initial shock so corpsmen will, "already have a touch of what they'll be dealing with (in the field)."

O'Brien and Bates both agree it's important to expose junior corpsmen to trauma situations.

O'Brien has spent much of his career working in emergency rooms.

Since many of the young corpsmen came directly from school to the unit, O'Brien has been trying to increase their exposure to different medical situations. "The biggest thing we are trying to accomplish is practical hands-on," he said.

More than 30 corpsmen from BLT 1/1 and MEU Service Support group 15 have been providing services since arriving in early March.

O'Brien said the clinic has also had medic staffing shortages with the recent turnover of various units, so their assistance was very welcome.

So far, the two services have complimented one another well, said O'Brien. Although there are certain procedural differences in the way they do things, most of their training crosses over without a problem. "We're trying to get as much integration as possible," he said.

Helping integrate Army medics

and Navy corpsmen has been the job of Sgt. Sonya Cockrell, an Army medic with C. Col, 703rd Forward Support Battalion. She and her staff have opened their clinic to the Navy corpsmen and welcome the experience.

"I think it's a good relationship," she said.

With very little time to get settled in to the clinic's routine, the corpsmen assisted a patient with a gunshot wound to the leg. Cockrell said the young corpsman, new to the chaos of an emergency room, did a good job helping the experienced medics stabilize the patient. "Sometimes you need the extra help. It worked out well," she said.

The corpsmen spend time perfecting the 'green side' of their jobs so they are effective in combat situations. "Because it's a Marine unit, they spend a lot of time doing Marine stuff," said O'Brien. This work at the clinic has allowed the corpsmen to get back to the basics and focus on treating injuries.

Human Patient Simulation Training at Sea

By Hospital Corpsman
1st Class Andrew M
Neville, Naval Medical
Education and Training
Command

BETHESDA, Md.— The Naval Medical Education and Training command (NMETC) and the First Responder Emergency Device (FRED—pictured right) took part in operational exercises focusing on enroute care capabilities on board the futuristic High Speed Vessel (HSV) 2 Swift in December 2004.

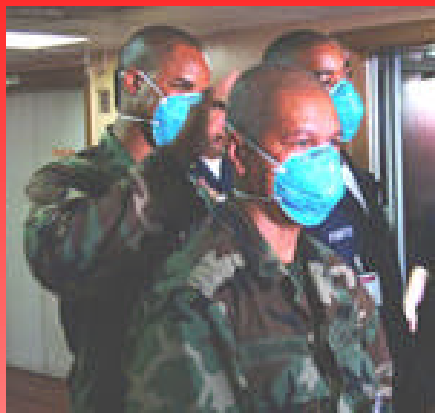
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Navy nurse examines "FRED—First Responder Emergency Device" —a simulator used in training onboard the new HSV 2 Swift.

Photo provided by the Naval Medical Education and Training Command

USNS Mercy—Treating Patients



(Above) Hospital Corpsmen from the Naval Environmental and Preventive Medicine Unit 6 and an Indonesian interpreter await the arrival of patients from Banda Aceh, Sumatra, Indonesia, aboard the hospital ship USNS Mercy (T-HA 19).

Teams of Navy medical personnel and health care providers from the nongovernmental organization Project HOPE conducted daily humanitarian assistance operations for the Indonesian Tsunami Survivors



(Above) Navy Hospital Corpsmen and their Indonesian interpreter assess patients evacuated from Banda Aceh, Sumatra, Indonesia. Those who can benefit most from the advanced forms of treatment available aboard Mercy are flows to the ship via helicopter.



(Left) An Indonesian interpreter speaks with a family member of a patient lying on a stretcher aboard the hospital ship Mercy.



(Right) Machinist's Mate 2nd Class (SW) Christopher Atwater, a flight deck crewman aboard Mercy, carries an elderly Indonesian man to a stretcher. The man, along with members of his family, was flown to Mercy where he received medical treatment.

All photos by Journalist 1st Class (SW) Joshua Smith



(Left) Chief Hospital Corpsman (SW/AW) James Price carries an Indonesian baby toward the TNI Military Hospital after the baby came back from Mercy. The baby received a computed tomography imaging (CT) scan aboard Mercy, which is the only CT scanner in the region.

The Mercy has departed from this region enroute to other islands in the South Pacific to assist in humanitarian assistance operations as a continued show of support to others in the area

NNMC Partners with Local Hospital and NIH for Homeland Security Drill

By Ellen Maurer, NNMC Public Affairs

BETHESDA, Md.— National Naval Medical Center (NNMC) mass casualty medical experts participated in a local joint scenario with colleagues from the National Institutes of Health (NIH) during a "table-top" disaster drill hosted by Suburban Hospital.

"The only true way we have to ensure we are fully prepared is to exercise our capabilities," said Capt. Mark Olesen, NNMC Deputy Commander. "This is one of the most important endeavors for Homeland Security."

The exercise highlighted the Emergency Preparedness Partnership formed between the three Bethesda facilities. The focus of the partnership is also to increase cooperation between the medical and emergency response resources in the National Capital area.

This collaboration of federal and private medical centers is a first.

"We're not just talking about terrorism here. We have to maintain readiness for a variety of disasters, even those naturally occurring," said Vice. Adm. Donald Arthur, Surgeon General of the Navy and Chief of the Bureau of Medicine and Surgery in Washington. "With the Emergency Preparedness Partnership, our population knows a system is in place ahead of time to take care of us."

Nearly 30 NNMC staff members

participated in the exercise, which included nearly 100 participants, including fire and police personnel from across Montgomery County, Maryland.

"Only with the participation and collaboration of local, state and federal officials can medical readiness and response to a multi-casualty event be improved," said Lt. Cmdr.

Chris Gillette, NNMC disaster preparedness officer.

The exercise provided an open forum to discuss methods of improving disaster response and readiness. Topics focused on crisis communication, patient transportation, resource management, and dissemination of internal information.

Deployed NHB Sailor Receives NAM+V

By Journalist 3rd Class Chris Gethings

BREMERTON, Wash.— A pharmacy technician from Naval Hospital Bremerton received the Navy and Marine Corps Achievement Medal with Valor during a ceremony, Feb. 17.

Hospitalman Jarrod Corley was assigned with the 3rd Assault Amphibian Battalion in Iraq from March to October 2004.

Marines from four units, including Corley's unit, were set up in a small base in Falluja, conducting raids on suspected weapons caches when the attack happened.

"I didn't see the mortar hit or even know it did any damage at first," said Corley. "All I remember is one of the Marines yelling for me and pointing at the guys who needed me."

"I immediately rushed over to tend to the wounded Marines while mortar fire continued to come in," Corley added.

"I wasn't even paying attention to the mortars at that point," Corley said. "All I wanted to do was get our Marines taken care of. The rest of the mortarmen were returning fire, and one of the wounded Marines wouldn't stop returning fire even while I worked on him. I had to keep moving around while I tried to patch him up."

"Corley's actions in combat were the embodiment of the Navy core values," said Capt. Bill Roberts, the



Capt. Bill Roberts, NHB commanding officer, pins the Navy and Marine Corps Achievement Medal with Valor on Hospitalman Jarrod Corley, a pharmacy technician who serviced in Iraq with the Marines.

Photo provided by Hospital Corpsman 3rd Class Marika Steenblock

hospital's commanding officer. "In all my years of service at various commands, Corley is the first Sailor I've been given the honor to pin this award on."

"Corley selflessly aided his wounded Marine shipmates in their greatest time of need in order to support our country's mission in Iraq. He should be very proud of that," added Roberts.

TRICARE Reserve Select

Beginning April, 2005, the DoD will implement TRICARE Reserve Select (TRS), a premium-based health care plan available for purchase by eligible members of the National Guard and Reserve who have been activated for a contingency operation on or after Sept. 11, 2001. For details on the TRS program visit the [TRICARE Web site](#).

No More Smoking !

By Hugh Cox, Navy Environmental Training Health Center Public Affairs

PORTSMOUTH, Va.— This month the Navy Environmental Health Center (NEHC) launches "The Smoking Lamp is Out", a new user friendly Web-based health promotion tool to help tobacco users kick the habit.

"Most smokers and dippers know cigarettes and spit are bad for their health, yet they may downplay the terrible effects and believe that it won't occur for many, many years," said Dr. Mark Long, NEHC Tobacco Cessation Program specialist. "There are many positive reasons to kick the habit ranging from the monetary savings gained to improved fitness and better health, and probably most importantly, enhanced military readiness."

Statistically, the Department of Defense's smoking rates are much higher than the civilian population.

Within the Department of the Navy (DON) 36 percent of Sailors and 38.7 percent of Marines smoke cigarettes. Cigar smoking is also fashionable among the DON population with 33.6 percent of Sailors and 42.5 percent of Marines identified in studies as users. The prevalence rate for smokeless tobacco among Sailors is 9 percent and 20 percent for Marines.

For more information on the "Smoking Lamp is Out" visit the [NEHC website](#).



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Patient Simulation at Sea

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The exercises were conducted to evaluate operational health services relevant to HSV- type vessels and their future use in Maritime Expeditionary and Sea Basing scenarios.

Sea Basing allows for positioning forces and supplies at sea, resulting in immediate deployability whenever needed.

"This is the first time we've utilized FRED in sea trials on an HSV," said Lt. Cmdr. Thomas E. Witherspoon, NMETC program director for Human Patient Simulation. "This exercise has furthered the scope of simulator training and tested patient transport and medical care in difficult seas."

The exercise was made up of 56 personnel from around the fleet and included doctors, nurses, corpsmen, representatives from the line, and even FRED, a human patient simulator "stationed" at NMETC.

"This is a key step in the development of the Sea Power 21 concept," said Rear Adm. Nancy J. Lesavage, commander of NMETC.

"The simulation capabilities enhance the care of patients and directly aligns with the CNO's 2005 Guidance," she added.

"Incorporating simulators is not only the ideal way to carry out operational medical care exercises, but also effectively utilizes operational risk management."



Gonaives, Haiti Lt. Cmdr. Frederick Brown, assigned to Fleet Hospital Great Lakes, prepares doses of Pin-X, a pinworm treatment, as Haitians listen to health and hygiene information during a Navy Medical Readiness Training Exercise at Gonaives, Haiti. Navy Reservists from Fleet Hospital Great Lakes and Navy Medical Reserve Command Portsmouth Hospital provided medical and dental care and education to more than five thousand Haitians during New Horizons Haiti. New Horizons is a three month Joint Task Force sponsored by U.S. Southern Command. U.S. Forces are deployed to Haiti to conduct humanitarian construction and provide medical assistance.

(U.S. Navy photo by Photographer's Mate 1st Class F. Julian Carroll)